DR 7511 (08/19/13)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0009
(303) 205-8205
(303) 205-8215 (FAX)



## **IFTA Lease Agreement Certificate**

Lessee							
I certify that a written lease agreement exists we for the reporting and payment of IFTA for the d		•	` ,	esignating r	ne as beir	ng res	ponsible
I also agree to notify the Taxpayer Service Divi							
terminated. (The address, phone number and fax number is located in the upper left h					ial TFTA Account Number		
Lesseon TATACCOURT Holder-Last Name of Business Hame					III IAACCOURT NUMBER		
Mailing Address	City				State	State   Zip	
Contact Person Last Name		First Name					Middle Initial
Phone Number Fax Number							
( )							
Lessee Signature					Date (MM/DD/YY) €		
Lease Start Date (MM/DD/YY) € Expiration or Termination D					te (MM/DD/YY)		
		Lesso	r				
I certify that the agreement indicated above ex required tax accounts or provide a properly exewith another lessee.							
I further certify that I will be responsible for any	IFTA 1	tax liability	accrued in the int	terim.			
Lessor/Registered Owner Name-Last Name	First Name			Middle Initial	IFTA Account Number		
Mailing Address	City				State	Zip	
Contact Person Last Name	•	First Name					Middle Initial
Phone Number		I	Fax Number				
( )			( )				
Lessor Signature					Date (MM/DI	D/YY) 🚱	